Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LUGGAGE WITH VISUAL INSPECTION PANELS
Attorney Docket Number::	04286.00117
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl ?::	NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Donald

Middle Name:: E.

Family Name:: Godshaw

Name Suffix::

City of Residence:: Evanston

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 3030 Payne Street

City of mailing address:: Evanston

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60201

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Andrezj

Middle Name:: M.

Family Name:: Redzisz

Name Suffix::

City of Residence:: Wheeling

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 636 Sycamore Lane

City of mailing address:: Wheeling

State or Province of mailing address::		IL			
Country of mailing address::		US			
Postal or Zip Code of r	nailing address::	60090			
Correspondence I	nformation				
Correspondence Customer Number::					
Representative Inf	ormation				
Representative Custon	ner Number::	22908			
Domestic Priority	Information				
Application::	Continuity Type	•••	Parent Application::	Parent Filing Date::	
Foreign Priority In	formation				
Country::	Application numl	ber::	Filing Date::	Priority Claimed::	

Assignee Information

Assignee name:: Travel Caddy, Inc. d/b/a Travelon

Street of mailing address:: 333 E. Touhy Avenue

City of mailing address:: Des Plaines

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60018